

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

A

03/08/01

UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))</small>	Attorney Docket No.	2825.2001-001
	First Named Inventor or Application Identifier	James Engert
	Express Mail Label No.	EL552286276US

30713 U.S. PTO
 09/802320
 03/08/01

Title of Invention	Very Low Density Lipoprotein Receptor Polymorphisms and Uses Therefor
-----------------------	---

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, D.C. 20231
---	--

1. <input type="checkbox"/> Fee Transmittal Form <i>(Submit an original, and a duplicate for fee processing)</i> 2. <input checked="" type="checkbox"/> Specification [Total Pages [1-41]] <i>(preferred arrangement set forth below)</i> - Descriptive title of the invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to microfiche Appendix - Background of the Invention - Summary of the Invention - Brief Description of the Drawings - Detailed Description - Claim(s) - Abstract of the Disclosure 3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets [3]] <input type="checkbox"/> Formal <input checked="" type="checkbox"/> Informal <input type="checkbox"/> Fig. of the Drawings for Publication <input type="checkbox"/> 4. <input type="checkbox"/> Oath or Declaration/POA [Total Pages []] a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. 1.63(d)) <i>(for continuation/divisional with Box 17 completed)</i> [NOTE Box 5 below] i. <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u> Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. 1.63(d)(2) and 1.33(b). 5. <input type="checkbox"/> Incorporation By Reference <i>(useable if Box 4b is checked)</i> The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.	6. <input type="checkbox"/> Microfiche Computer Program <i>(Appendix)</i> 7. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) [] Pages c. <input type="checkbox"/> Statement verifying identity of above copies <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">ACCOMPANYING APPLICATION PARTS</td> </tr> <tr> <td> 8. <input type="checkbox"/> Assignment Papers (cover sheet & documents) <input checked="" type="checkbox"/> Assignee- 1) McGill University, Quebec, Canada 2) Complexe Hopitalier de la Sagamie Quebec, Canada </td> </tr> <tr> <td> 9. <input type="checkbox"/> 37 C.F.R. 3.73(b) Statement <input type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i> </td> </tr> <tr> <td>10. <input type="checkbox"/> English Translation Document <i>(if applicable)</i></td> </tr> <tr> <td> 11. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449 Citations </td> </tr> <tr> <td>12. <input type="checkbox"/> Preliminary Amendment</td> </tr> <tr> <td>13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i></td> </tr> <tr> <td> 14. <input type="checkbox"/> Small Entity <input type="checkbox"/> Statement filed in prior application, Statement(s) status still proper and desired </td> </tr> <tr> <td>15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i></td> </tr> <tr> <td>16. <input type="checkbox"/> Nonpublication Request <i>(check parent application)</i></td> </tr> <tr> <td>17. <input type="checkbox"/> Other: _____</td> </tr> </table>	ACCOMPANYING APPLICATION PARTS	8. <input type="checkbox"/> Assignment Papers (cover sheet & documents) <input checked="" type="checkbox"/> Assignee- 1) McGill University, Quebec, Canada 2) Complexe Hopitalier de la Sagamie Quebec, Canada	9. <input type="checkbox"/> 37 C.F.R. 3.73(b) Statement <input type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i>	10. <input type="checkbox"/> English Translation Document <i>(if applicable)</i>	11. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449 Citations	12. <input type="checkbox"/> Preliminary Amendment	13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i>	14. <input type="checkbox"/> Small Entity <input type="checkbox"/> Statement filed in prior application, Statement(s) status still proper and desired	15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i>	16. <input type="checkbox"/> Nonpublication Request <i>(check parent application)</i>	17. <input type="checkbox"/> Other: _____
ACCOMPANYING APPLICATION PARTS												
8. <input type="checkbox"/> Assignment Papers (cover sheet & documents) <input checked="" type="checkbox"/> Assignee- 1) McGill University, Quebec, Canada 2) Complexe Hopitalier de la Sagamie Quebec, Canada												
9. <input type="checkbox"/> 37 C.F.R. 3.73(b) Statement <input type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i>												
10. <input type="checkbox"/> English Translation Document <i>(if applicable)</i>												
11. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449 Citations												
12. <input type="checkbox"/> Preliminary Amendment												
13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i>												
14. <input type="checkbox"/> Small Entity <input type="checkbox"/> Statement filed in prior application, Statement(s) status still proper and desired												
15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i>												
16. <input type="checkbox"/> Nonpublication Request <i>(check parent application)</i>												
17. <input type="checkbox"/> Other: _____												

18. If a CONTINUING APPLICATION , check appropriate box and supply the requisite information: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: Prior application information: Examiner: Group Art Unit:
--

19. CORRESPONDENCE ADDRESS					
NAME	Lisa M. Treannie, Esq.				
	HAMILTON, BROOK, SMITH & REYNOLDS, P.C.				
ADDRESS	Two Militia Drive				
CITY	Lexington	STATE	MA	ZIP CODE	02421-4799
COUNTRY	USA	TELEPHONE	(781) 861-6240	FAX	(781) 861-9540

Signature		Date	3/8/01
Submitted by Typed or Printed Name	Lisa M. Treannie	Reg. Number	41,368